

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

| STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH | | | | | | BUREAU OF VITAL STATISTICS | |
|---|--|--|--|--|--|--|--|
| 1. PLACE OF DEATH | | | | | | State File No. <u>170</u> | |
| County <u>Maricopa</u> | | State <u>Arizona</u> | | Local Registrar's No. <u>2372</u> | | | |
| District or Township | | or Village | | or | | | |
| City <u>Phoenix</u> | | No. <u>2085 E. Polk</u> | | St. _____ | | Ward _____ | |
| (If death occurred in a hospital or institution, give its NAME instead of street and number). | | | | | | | |
| 2. FULL NAME <u>Mary Jene Ashenhurst</u> | | | | | | | |
| (a) Residence, No. <u>2085 E. Polk</u> | | St. _____ | | Ward _____ | | (If non-resident, give city or town and State) | |
| (Usual place of abode) | | | | | | | |
| Length of residence in city or town where death occurred <u>2</u> yrs. _____ mos. _____ ds. | | | | How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds. | | | |
| PERSONAL AND STATISTICAL PARTICULARS | | | | MEDICAL CERTIFICATE OF DEATH | | | |
| 3. SEX <u>Female</u> | | 4. COLOR or RACE <u>White</u> | | 5. SINGLE, MARRIED, WID- OWED or DIVORCED. (Write the word) <u>Single</u> | | 16. DATE OF DEATH <u>May 5, 1930</u> Month _____ Day _____ Year _____ | |
| 5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____ | | | | 17. I HEREBY CERTIFY, That I attended deceased from <u>May 3, 1930</u> to <u>May 6, 1930</u> that I last saw her alive on <u>May 6, 1930</u> and that death occurred, on the date stated above, at <u>4 A.</u> m. The CAUSE OF DEATH* was as follows: <u>Laryngeal Diphtheria</u> | | | |
| 6. DATE OF BIRTH (month, day and year) <u>March 21, 1902</u> | | | | CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds. | | | |
| 7. AGE _____ Years _____ Months _____ Days _____ | | IF LESS than 1 day _____ hrs. _____ min. | | 18. Where was disease contracted if not at place of death? _____ Did an operation precede death? _____ Date of _____ Was there an autopsy? _____ What test confirmed diagnosis? _____ (Signed) <u>[Signature]</u> , M. D. <u>5-5-30</u> (Address) <u>Phoenix</u> | | | |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business or establishment in which employed (or employer) _____ (c) Name of employer _____ | | | | * State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) | | | |
| 9. BIRTHPLACE (city or town) <u>Illinois</u> (State or country) | | | | 19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Forest Lawn</u> | | | |
| 10. NAME OF FATHER <u>J. E. Ashenhurst</u> | | | | DATE OF BURIAL <u>May 7, 1930</u> | | | |
| 11. BIRTHPLACE OF FATHER <u>Kentucky</u> (city or town) | | | | ADDRESS _____ | | | |
| 12. MAIDEN NAME OF MOTHER <u>Nora Thrasher</u> | | | | 20. UNDERTAKER <u>A. L. Moore & Sons</u> | | | |
| 13. BIRTHPLACE OF MOTHER <u>Kentucky</u> (city or town) | | | | | | | |
| 14. Informant <u>J. E. Ashenhurst</u> (Address) <u>2085 E. Polk</u> | | | | | | | |
| 15. Filed <u>May 7, 1930</u> <u>[Signature]</u> Registrar. | | | | | | | |